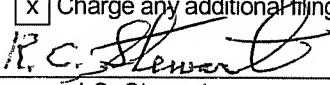


<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 4918-0101PUS1																																											
Application No. 10/501,955-Conf. #8685	Filing Date July 21, 2004	Examiner D. L. Garrett	Art Unit 1774																																												
Applicant(s): Motofumi KASHIWAGI et al.																																															
COVER FILM FOR ORGANIC ELECTROLUMINESCENCE DEVICE, ORGANIC Invention: ELECTROLUMINESCENCE DEVICE USING THE COVER FILM AND PROCESS FOR PRODUCING THE DEVICE																																															
<b>MS AF</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>  Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.  <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="6" style="text-align: center; padding: 5px;"><b>CLAIMS AS AMENDED</b></th></tr><tr><th style="width: 25%;"></th><th style="width: 10%;">Claims Remaining After Amendment</th><th style="width: 10%;">Highest Number Previously Paid</th><th style="width: 10%;">Number Extra Claims Present</th><th style="width: 20%;">Rate</th><th style="width: 25%;"></th></tr></thead><tbody><tr><td><b>Total Claims</b></td><td style="text-align: center;">6</td><td style="text-align: center;">- 25 =</td><td style="text-align: center;">0</td><td style="text-align: center;">x 50.00</td><td style="text-align: center;">0.00</td></tr><tr><td><b>Independent Claims</b></td><td style="text-align: center;">2</td><td style="text-align: center;">- 3 =</td><td style="text-align: center;">0</td><td style="text-align: center;">x 200.00</td><td style="text-align: center;">0.00</td></tr><tr><td colspan="5" style="padding: 5px;"><b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/></td><td></td></tr><tr><td colspan="5" style="padding: 5px;"><b>Other fee (please specify):</b></td><td></td></tr><tr><td colspan="5" style="padding: 5px;"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td><td style="text-align: center;">0.00</td></tr></tbody></table> <div style="display: flex; justify-content: space-between;"><span><input checked="" type="checkbox"/> Large Entity</span><span><input type="checkbox"/> Small Entity</span></div> <div><input checked="" type="checkbox"/> No additional fee is required for this amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</div> <div><input type="checkbox"/> A check in the amount of \$ _____ is enclosed.</div> <div><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.</div> <div><input checked="" type="checkbox"/> Credit any overpayment.</div> <div><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</div> <div style="margin-top: 20px;"><div style="display: flex; justify-content: space-between;"><div style="width: 60%;"> _____ Raymond C. Stewart Attorney Reg. No.: 21,066  BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8012</div><div style="width: 35%; text-align: right;">Dated: _____</div></div></div>						<b>CLAIMS AS AMENDED</b>							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		<b>Total Claims</b>	6	- 25 =	0	x 50.00	0.00	<b>Independent Claims</b>	2	- 3 =	0	x 200.00	0.00	<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>						<b>Other fee (please specify):</b>						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<b>CLAIMS AS AMENDED</b>																																															
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																											
<b>Total Claims</b>	6	- 25 =	0	x 50.00	0.00																																										
<b>Independent Claims</b>	2	- 3 =	0	x 200.00	0.00																																										
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>																																															
<b>Other fee (please specify):</b>																																															
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00																																										